MEDETOMIDINE

SCOTTISH DRUGS FORUM

WHAT IS MEDETOMIDINE?

Medetomidine is currently being detected as an adulterant in street drugs, such as heroin and benzodiazepines. It is a non-opioid veterinary anaesthetic that is **not approved for human use.**

Medetomidine is similar to xylazine, and often compared to it, but there are notable differences. Like xylazine, medetomidine is a potent central nervous system depressant. Medetomidine is **100-200 times stronger** than xylazine, and is associated with longer lasting effects and sudden severe sedation. Unlike xylazine, skin infections or wounds are not often associated with medetomidine.

WHAT ARE THE RISKS OF MEDETOMIDINE?

Medetomidine withdrawal can be medically significant.

Medetomidine withdrawal lasts longer and is far more severe than xylazine withdrawal. It can **begin just 1-2 hours after last use** and typically peaks 18-36 hours after use. **This can be prolonged if used alongside opioids or benzodiazepines.**

Withdrawal symptoms include:

- Tremors and jerking (often appearing seizure-like)
- Nausea and vomiting
- Unexplained sweating
- Anxiety
- Delirium
- Tachycardia (heart rate above 120 BPM)
- Severe hypertension (very high blood pressure)

These withdrawal symptoms can often escalate, resulting in an individual needing to be transferred to a higher level of care. Symptoms may be misidentified as other medical emergencies including, but not limited to, serotonin syndrome.

WHAT ARE THE SIGNS OF A MEDETOMIDINE OVERDOSE?

- Sudden collapse
- Unresponsive/heavy sedation
- Blue or pale lips and skin
- Bradycardia (very slow heart rate, can last up to 30 hours)
- Hypotension (low blood pressure)

WHAT SHOULD I DO IF I THINK SOMEONE IS HAVING AN OVERDOSE?

While medetomidine is not an opioid, it is often found cut into substances sold as opioids. **We always advise administering naloxone if someone is unresponsive, keeping in mind the goal of naloxone is to restore respiration, not alertness.** Medetomidine and other similar substances may result in the individual remaining unresponsive.

- If you think someone is having an overdose, call 999 immediately.
- If the person is unresponsive and not breathing, tell emergency services. Move them onto their back and begin CPR. The call handler will guide you through this. Give 30 chest compressions followed by two rescue breaths.
- Administer a dose of naloxone.
- Continue with three rounds of CPR, followed by an additional doses of naloxone as needed. Dosing should be 2-3 minutes apart.
- Continue following the call handler's instructions until Emergency Services arrive to take over. Never leave the person alone.

ALWAYS REMEMBER!

When possible, **never use alone**. **Carry naloxone** if you or someone you know is at risk of overdose and have spare kits. **Do not hesitate to call 999**, as overdoses can occur rapidly, and an individual can deteriorate quickly. We suggest sending samples to **WEDINOS** to get tested.